

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: LOUISIANA

Agency* Citation(s) Groups Covered

IV-E

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- X (3) Individuals in NFs (who are under the age of 18). NF services are provided under this plan.
- X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 18).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 97-16
Supersedes
TN No. 96-15

Approval Date 12-12-97

Effective Date 7-1-97

HCFA ID: 7983E

STATE	<u>LA</u>	A
DATE REC'D	<u>9-30-97</u>	
DATE APP'D	<u>12-12-97</u>	
DATE EFF	<u>7-1-97</u>	
HCFA 179	<u>97-16</u>	

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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- XIX 42 CFR 435.310 ☒ 6. Caretaker relatives.
- 42 CFR 435.320 ☒ 7. Aged individuals.
and 435.330
- 42 CFR 435.322 ☒ 8. Blind individuals.
and 435.330
- 42 CFR 435.324 ☒ 9. Disabled individuals.
and 435.330
- 42 CFR 435.326 ☐ 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.
- 435.340 11. Blind and disabled individuals who:
- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
 - b. Were eligible as medically needy in December
1973 as blind or disabled; and
 - c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

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STATE	<u>LA</u>	A
DATE REC'D	<u>9-30-97</u>	
DATE APPE'D	<u>12-12-97</u>	
DATE EFF.	<u>7-1-97</u>	
HCFA 179	<u>97-16</u>	

Revision: HCFA-PM-91-8 (BPD)

October 1991

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Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

N/A 1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

STATE	<i>Louisiana</i>	A
DATE REC'D	DEC 30 1991	
DATE APPV'D	JUN 11 1993	
DATE EFF	JAN 01 1991	
HCFA 179	91-29	

Supersedes: None - New Page